(b) To train communicators to motivate healthy people to become voluntary donors.

(c) To develop computerised system for networking information about voluntary donors and operating blood banks.

Department of Science and Technology have intimated that studies have been initiated in 10 cities for determining the status of blood collection etc. The assessment of the software available for motivating the voluntary blood donors has been completed and proposals for developing new software have been taken up. Apart from this, training modules for motivators are also being develped. Proposals for computerised system for blood banks and networking have also been received from various organisations and are being examined.

Some of the activities included in this programme pertain to development of software (films, slides, posters etc.) for propagation of voluntary blood donationn messages, training of communicators creating database for networking of information etc.

5. Every year, 1st of October, is celebrated as the National Voluntary Blood Donation Day, Special campaigns to educate the messes on the need for voluntary donation of blood is undertaken through mass media and special camps for blood collection are organised.

6. A number of steps have been proposed for undertaking an extensive programme for Voluntary Blood Donation. A Committee of Experts have been set up to prepare a Comprehensive National Blood Policy and to work out a mechanism for the promotion of voluntary blood donation programme on an all India basis. A scheme is being framed under the National Blood Transfusion Council for undertaking extensive training programmes for community leaders including school/ college teachers, trade union leaders, prominent citizens etc. to train them as motivators for encouraging voluntary blood donation. For generating the needed blood from voluntary donors it is proposed to have a multi sectoral approach involving NGOs, Defence personnel. Students, Industries and Others.

AIDS Counselling and Guidance Centres in the Country

215. SHRIMATI BASANTI SHARMA:
DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the PRIME MINISTER be pleased to state:

(a) how many AIDS/HIV Counselling and Guidance Centres are there in our country;

(b) how many are in the Government and how many in the NGO Sector;

(c) what are the names and addresses of those centres;

(d) what facilities are given by Government to start such a centre; and

(e) what steps would be taken to encourage the NGOs to start such centres?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) There are six such centres in the country.

(b) 1. Maulana Azad Medical College, New Delhi is under the Administrative Control of Delhi Admn.

2. National AIDS Research Institute, Pune is an Institute of Indian Council of Medical Research New Delhi, an autonomous body of the Ministry of Health and Family Welfare. The rest are autonomous bodies and N.G.Os.

(c) 1. Tata Institute of Social Science, Deonar, Bombay-400088.

2. Maulana Azad Medical College, New Delhi-110002.

3. Vivekananda Education Society, 13/3, Kalicharan Dutta Road, Calcutta-700061.

4. Child in Need Institute, Post Box No. 16742, Calcutta-700027.

5. Christian Medical College, Vellore-632002.

6. National AIDS Research Institute, 73, G-Block, MICD, Bhosari, Pune-411026.

(d) A sum of Rs. 15,08,000/- has been allocated to Apex Centre, CMC, Vellore. Regional Centres (Except National AIDS Research Institute, Pune) have been allocated Rs. 14.00 lakhs each to be released in four instalments.

(e) N.G.Os are being involved in these activities at grassroot level and for providing telephonic counselling service.

Standardisation of Indian System of Medicines

216. SHRI RAMDAS AGARWAL: Will the PRIME MINISTER be pleased to state:

(a) whether Government propose to stadardise the Indian system of Medicines, particularly the Ayurveda;

(b) whether keeping in view challanges of patent laws and global competition, Government have taken any steps, so far, for subjecting the Indian medicine systems to the rigours of scientific research and their integration with the modern system of medicines, if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) Yes Sir, Standardisation of the drugs of Indian Systems of Medicine particularly of Ayurveda is a priority for the Dcptt. of ISM&H. A.P.C. has been constituted for the purpose by government and is supported by P.L.I.M. Ghaziabad. Keeping in view the huge quantum of drug standardisation work, 24 other laboratories of the country have been engaged to assist in the work of pharmacopoeial standards.

(b) and (c) (i) Deptt. of ISM&H have established I.P.R./Patent Cell to deal with all the issues relating to ISM&H drugs and support individuals and the organisations in this regard.

(ii) CCRAS, ICMR Universities & Departments are conducting research on Indian systems of Medicine drugs, utilising modern research tools. As per the National Health Policy ISM&H are being developed in accordance with the strengths and genius of these systems of medicine.

Inadequate Health Facilities in Tribal Districts of Orissa

217. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the increasing death in Koraput, Nabrangpur and other tribal districts in Orissa;

(b) whether a large number of people are facing untimely death due to inadequate health care; and

(c) if so, the steps taken by Government to provide adequate health care in those tribal districts of Orissa?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) The information is being collected from the State and will be laid on the table of the House.

Poor health care facilities in Southern Districts of Orissa

218. SHRI BHAGABAN MAJHI: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware of the poor health care facilities in Southern disticts, particularly in undivided Koraput district of Orissa;

(b) if so, the steps taken to provide health care facilities in that district; and

(c) the steps taken to save the tribal people in that district from untimely death as adequate health care facilities are not available there?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) The information is being collected from the State and will be laid on the table of the House.

Death Due to Tuberculosis

219. SHRI S.RAMACHANDRAN PILLAI. Will the PRIME MINISTER be pleased to state the death toll due to Tuberculosis in the country during the last five years. State-wise?